

I

CLAIMS ONLY	Application Number 10/659734	Filing Date
	Applicant(s)	

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments						
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1					/	/	51					/	/
2						/	52					/	/
3						/	53					/	/
4						/	54					/	/
5						/	55					/	/
6						/	56					/	/
7						/	57					/	/
8						/	58					/	/
9						/	59					/	/
10						/	60					/	/
11						/	61					/	/
12						/	62					/	/
13						/	63					/	/
14						/	64					/	/
15						/	65					/	/
16						/	66					/	/
17						/	67					/	/
18						/	68					/	/
19						/	69					/	/
20						/	70					/	/
21						/	71					/	/
22						/	72					/	/
23						/	73					/	/
24						/	74					/	/
25						/	75					/	/
26						/	76					/	/
27						/	77					/	/
28						/	78					/	/
29						/	79					/	/
30						/	80					/	/
31						/	81					/	/
32						/	82					/	/
33						/	83					/	/
34						/	84					/	/
35						/	85					/	/
36						/	86					/	/
37						/	87					/	/
38						/	88					/	/
39						/	89					/	/
40						/	90					/	/
41						/	91					/	/
42						/	92					/	/
43						/	93					/	/
44						/	94					/	/
45						/	95					/	/
46						/	96					/	/
47						/	97					/	/
48						/	98					/	/
49						/	99					/	/
50						/	100					/	/
Total Indep							Total Indep						
Total Depend							Total Depend						
Total Claims							Total Claims						

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)								Application Number 10/659734		Filing Date	
								Applicant(s)			
CLAIMS		AS FILED 9-9-03		AFTER FIRST AMENDMENT 5-2-05		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments			
		Indep	Depend	Indep	Depend	Indep	Depend	9-9-03		5-2-05	
								Indep	Depend	Indep	Depend
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
32											
33											
34											
35											
36											
37											
38											
39											
40											
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											
Total											
Indep											
Depend											
Total											
Claims											

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

2082